



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD, Esq.
COMMISSIONER

APPLICATION PROCEDURE

1. Fill out the enclosed APPLICATION FOR APPROVAL OF PHARMACY CONTINUING EDUCATION PROCEDURE.
2. Submit the form with all application materials to:

Maine Board of Pharmacy
35 State House Station
Augusta, Maine 04333
3. Upon processing of program you will be notified in writing of the contact hours awarded and program number.
4. All program participants must be provided with a certificate of attendance at each program offering which will include:
 - ◆ Name of the approved program provider
 - ◆ Title of the program
 - ◆ Date(s) of the program
 - ◆ Name of the participant
 - ◆ Program number
 - ◆ Number of contact hours awarded
 - ◆ Signature of instructor
5. The APPLICATION FOR CEU APPROVAL should be submitted at least 30 days prior to the date of the first presentation. This should allow time for the review, to make changes and for resubmission, if necessary. All approvals are valid for one year from the date of the approval.
6. All inquiries should be directed to the Board of Pharmacy at 207-624-8620 or via email at: pharmacy.lic@maine.gov.

GERALDINE L. BETTS, ADMINISTRATOR
PHONE: (207) 624-8625
EMAIL:
GERALDINE.L.BETTS@MAINE.GOV



INTERNET:
www.maineprofessionalreg.org
OFFICE LOCATION:
GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

Clerk (207) 624-8621
Main Receptionist (207) 624-8603
HEARING IMPAIRED/TTY 1-888-577-6690
FAX: (207) 624-8637

APPLICATION FOR APPROVAL OF PHARMACY CONTINUING EDUCATION PROGRAM

APPLICATION DATE:_____

SPONSORING GROUP:_____

CLIENTELE TO BE SERVED:_____

PERSON RESPONSIBLE FOR
PROGRAM ADMINISTRATION:

PERSON APPLYING FOR CREDITS:

NAME:_____ NAME:_____

TITLE:_____ TITLE:_____

ADDRESS:_____ ADDRESS:_____

PROGRAM:

1. TITLE:_____

2. DATE & TIME OF PROGRAM:_____

3. LENGTH OF PROGRAM (HOURS):_____

4. LOCATION OF PROGRAM:_____

5. STATEMENT OF OBJECTIVES:_____

6. TYPE OF PROGRAM:_____

7. SPEAKER(S) BRIEF RESUME:_____

8. NUMBER OF CEU'S OR CONTACT HOURS REQUESTED:_____

SUBMIT DIRECTLY TO:
Board of Pharmacy
Department of Professional and Financial Regulation
35 State House Station
Augusta ME 04333

CEU'S OR CONTACT HOURS AWARDED:_____ **PROGRAM #:**_____

PROGRAM ACTION:

☐APPROVED ☐DISAPPROVED Reviewer:_____ Date:_____

REASON for DISAPPROVAL _____

APPLICANT NOTIFIED OF RESULT: Date:_____

Please refer to the program number on any future correspondence and on the certificates of attendance issued to program attendees. Certificates of attendance must have the program date and the program administrator's authorized signature.